

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



Greetings! It is summer already and I hope that each of you has planned some reprieve from daily activities—R&R for those of you deployed, some leave for those not deployed—with the intent to refresh and reenergize for the challenges I know each of you face as you care for our patients. May was an exciting month and I wanted you to know some of the things that have happened.

May traditionally, is the month that the Senate Armed Services Committee (SASC) requests the Surgeon General and Corp Chief from each of the three Services to present an overview of the organizations—and then to answer the questions raised by the Senators. COL Bruno represented us at the testimony—and did a fabulous job. I had email shortly after the conclusion of the session that morning about how well she did. You can read the testimony we presented at <https://www.us.army.mil/suite/doc/1796144> (copy and paste this url into a web browser if it doesn't take you there automatically.)

I was unable to attend this session as other duties called. Besides being your Corps Chief, I am also the US Army Pacific Command Surgeon—so I was co-hosting with the Army of the Peoples Republic of Vietnam, the 15th Asian Pacific Medical Military Conference in Hanoi. It was attended by 30 countries and had over 600 delegates. The purpose of the conference is to engage with the various Nations of the Pacific to enhance medical cooperation and care of our respective military members and citizens. One of the most exciting results is that several of the Nations are now interested in learning how the US develops their nurses and expanding the roles and responsibilities of the nurses in their militaries. The other point that reinforces the importance of this conference is the relationships and friendships that are established and how they leverage cooperation in times of disaster. Due to these relationships, the Nations who suffered from the tsunami all discussed how much easier it was to coordinate the people and supplies necessary to cope with that tragedy.

Always looking for opportunities to recruit and encourage nurses to join our Corps, so when the University of Maryland invited me to be the convocation speaker for the Nursing graduates, I used that to encourage those graduates from BSN, MSN and PhD programs to join the Army or become one of our GS employees! They certainly honored me that afternoon with the award of an honorary PhD in Public Service! They also sponsored a reception that evening and invited the WRAIN graduates for a “reunion.”

The next morning, I attended the USUHS graduation where almost 20 of our ANC colleagues received their Master's degrees. Very special that day, was the recognition of MAJ Mike Gladu and LTC Reynold Mosier for the researcher and faculty member of the year.

Finally, the opportunity for me to meet with the ANC officers at the 121 in Seoul materialized and I was delighted to meet with them for a dinner and OPD. Korea has certainly changed since I was last there in the 80's—it looks like the best kept secret assignment. Challenging positions, interesting travel and amazing shopping are some of the perks there. I would encourage you to not hesitate to seek an assignment there. Wish I could get an assignment there ☺.

Two things for your consideration and thoughts this month. I will continue to encourage continuous learning—so take a few minutes to read the article “Toxic Leadership,” located online at <http://www.leavenworth.army.mil/milrev/download/English/JulAug04/reed.pdf> and have some conversations across your work areas about how to address those challenges! The more of us that are actively engaged in improving the leadership skills we have, the better our Corps will be in the future. Second, as the Army continues to change significantly, we need to fully understand their plans. I encourage you to find out when there are OPD for the officers on your installation—and to go to those. I know that at the end of day, that might not be the first thing that pops into your mind to do—but the relationships and discussions that result from these sessions will expand your understanding of the needs of the Army and help our line colleagues to understand our dedication to Soldiers and the Army mission.

So, once again I had multiple opportunities to meet stellar ANC officers across the AMEDD. I hope that you each take pride in the awesome work you are doing! You are doing amazing things every day and making a difference in the lives of those you touch. GSP

Article Submissions for the ANC News letter

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps Officers. If you have an item that you feel would be of interest to your fellow ANCs please e-mail article to MAJ Eric Lewis. The deadline for submission is the third week of every month. All Officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

Wow! **MAJ Paula Coughlin** and Mr. Allen Hoe were interviewed on CNN 7 June as a result of their “Miracle Meeting” in Washington D.C. on Memorial Day. Mr. Hoe was presenting MAJ Coughlin with a Hawaii lei when she recognized the photo button on his lapel. It was his son, an Army LT from the 25th ID, who was killed in action in Mosul, Iraq. MAJ Coughlin relayed to Mr. Hoe that she was there with him when he died. It was a truly emotional experience for both of them and they relayed the story on CNN. MAJ Coughlin did a wonderful job of representing the ANC!!! Thank you.

Keeping us informed! **MAJ Cathy Walter** was recently published in the “Infobytes” section of Nursing 2005!

Congratulations to **CPT Cory Ramsey**, who earned the Cadet Command Brigade Nurse Counselor of the Year. He's located at 12th Brigade in San Antonio.

LTC Margaret Andrews-Fournier, a Mobilized Reservist, stationed at Fort Carson, Colorado was selected to present a poster presentation to the Case Management Society of America Annual Convention in Orlando Florida June 21-25. Case Management: A Soldier's Story ...Have you ever wondered what happens to Soldiers once they return home injured? With the country currently at war, many Soldiers leave home never to return while other return home broken both physically and mentally. "Hundreds of sick and wounded U.S. Soldiers including many who served in the Iraq war are languishing in hot cement barracks while they wait-- sometimes for months-- to see doctors. The National Guard and Army Reserve Soldiers' living conditions are so substandard, and the medical care so poor, that many of them believe the Army is trying to push them out with reduced benefits for their ailments," (United Press International, Sick, wounded U.S. troops held in squalor by mark Benjamin PI Investigations Editor Published 10/17/2003) Fort Steward, GA., October 17, (UPI). Bringing broken Soldiers to Mobilization stations is a NO GO!!! This sparked the beginning of Mobilization Case Management. case Management for these Soldiers is a new process that was started in 2003 to support the current war on Terrorism. We owe it to our Soldiers to tell their stories.

COL Marietta Stanton, COL Rebecca Baker and COL Carol Swanson, have had their article, "Case Management Competency," accepted for publication Jan 2005 (projected for the May/June issue) in Lippincott's Journal of Case Management.

Well Done!! **CPT Kevin Gormley** was selected to be the American Psychiatric Nursing Association (APNA), Janssen Scholarship Program Recipient. He will receive a paid one year membership in the APNA and an all expense paid trip to the annual convention in Nashville, Tennessee.

Published! **MAJ Louis Stout**, Critical Care Nursing: A Holistic Approach, Morton, P.G., Fontaine, D.K., Hudak, C.M., & Gallo, B.M. (2004). Critical Care Nursing: A Holistic Approach. [Ciechanowski, M., Mower-Wade, D., McClesky, S.W., & Stout, L.R. Chapter 32: Anatomy and Physiology of the Nervous System].

More publications! **CPT Allan Meekins and CPT Eric Lange**; Meekins A, Lange E, Levine E, Austin PN. (2005). Comparison of oxygen reservoir tube length and imposed work of breathing with the Universal Portable Anesthesia Complete. Military Medicine, 170, 291-4.

News from the Office of the Army Nurse Corps

Suggestions For O2M3 Nominations by COL Barbara Bruno, Deputy Chief, ANC (not official O2M3 guidance)

1. It's critical to reference at least 10 yrs of specific AMEDD-level contributions.....generalizations don't work. Engage the nominee in the process to be sure the justification is accurate, comprehensive and as strong as possible. Obtain at least 10 yrs of past performance evals to help identify specific contributions and supporting data. Such contributions go well beyond local-level (MTF) or personal achievements expected of all AN officers (e.g., quality treatment, MTF committee roles, board certification, EFMB, etc).
2. There is no minimum requirement for rank or grade, but very few AN officers have 10 yrs of significant contributions that impacted Army Medicine until they are at least seasoned LTCs. Periods immediately following school and during graduate education are usually viewed as learning periods during which skills are developed...thus they rarely result in the kind of contributions that lead to an O2M3. O2M3 contributions come later while fulfilling utilization tours and successive leadership roles.
3. Use quantifiable data to support qualitative statements. Unsubstantiated laudatory comments about performance, contributions, etc are simply not enough.
4. Narratives that read like job descriptions, scope of responsibility, etc will be disapproved or sent back for rewrite. Merely having a title, position or assignment is insufficient justification. The justification must highlight significant contributions/outcomes that can be directly attributed to the nominee's performance during the assignment.
5. Graduate Education, specialty boards, academic awards, OIC & MTF-level committee positions, etc are usually viewed as either normal AN officer progression or contributions with primarily unit-level impact. Contributing to medical readiness is generally recognized as a normal duty expectation. Comments regarding the preceding have limited value unless the circumstances and outcomes were highly unique.
6. CVs are optional for AD nominations. Nonetheless, they can be useful to council members who vote by absentee ballot (leave, TDY, etc). These members don't have the advantage of hearing supportive comments that may be articulated by other members of the Advisory Council. With only 8 voting members, a few absentee ballots make a big difference if the justification is weak. In short, make the justification and supplemental info as bulletproof as possible.
7. If asked to do a rewrite, make a good faith effort to improve the justification. In addition to the resubmission, council members are provided with all previous submissions for comparison to the current justification. Needless to say, voting

members do not look favorably on resubmissions with essentially the same deficiencies that previously resulted in a rewrite or disapproval.

8. Justifications are limited to 2 pages double-spaced. If you need more space, use a smaller font and reduce the margins.

9. Most O2M3 Corps reps are very willing to review your draft justification and, if needed, offer suggestions for improvement before actual submission. Ask the AN rep for an opinion regarding an AN nomination....ask the MS rep for guidance regarding a MS nominee.....etc. An early opinion from a voting member can help avoid a rewrite or disapproval notice.

News from Around the Army Nurse Corps and the World

DMRTI Celebrates

Combat Casualty Care Course 25th Anniversary



COL (Ret) Barry Wolcott presents keynote address. COL (Ret) Wolcott was the original C4 course director for the pilot course in 1980.



COL Alan Moloff, the current Commander of C4 and DMRTI, and COL (Ret) Wolcott, the original C4 Director, perform the ceremonial cake cutting ceremony.

Camp Bullis, Texas. On 27 April 2005, the Defense Medical Readiness Training Institute (DMRTI) celebrated the Combat Casualty Care Course's (C4) 25th year of providing medical readiness training.

The event was hosted by COL Alan Moloff, the Commander of DMRTI, and emceed by LT Brian Haack, OIC of the C4 Operations branch.

VIP guests included Maj Gen Green, Commander of Wilford Hall Medical Center; Brig Gen Travis, Commander of the 311th Human Systems Wing at Brooks City Base; San Antonio city official Ed Davis; other local military leaders; past C4 Commanders; and members of the original C4 staff.

The Keynote speaker was COL (Ret) Barry Wolcott, the original C4 director for the 1980 pilot course. In his speech, he said, "While we are officially here today to commemorate the 25th Anniversary of the C4 Course, we really should celebrate the fact that 25 years ago the C4 Course was the 'third checkpoint' on the journey that would lead to today's military medical system: an all-volunteer force whose professionals at all levels and all skill areas are educated and trained ... as a matter of course rather than as a matter of exception ... to rapidly provide appropriate levels of integrated and joint medical support to deploying and deployed forces in a fashion that enhances rather than degrades force projection. We should really celebrate that the vision that created C4 is today's accepted reality."

The main ceremony commenced with a convoy ambush scenario featuring an aeromedical evacuation operation by an Army Blackhawk, and concluded with a special presentation to the original C4 staff.

The day's events also included a VIP tour of C4 Training Sites, speeches on current C4 and DMRTI operations, a special presentation from the state of Texas and the city of San Antonio, and a picnic reception that included a static display of various medical evacuation vehicles and a DRASH medical tent that contained a special timeline display of C4's history and a video presentation of C4's operations.



COL Alan Moloff is presented a proclamation from San Antonio city official Ed Davis proclaiming 27 April 2005 as "C4 25th Anniversary Day."

Task Force Need For Flight Nurses Answered By CPT Tracy Ostrom, and MAJ Paula Coughlin, Iraq

The 228th Combat Support Hospital (CSH) hosted the theater's first Flight Nursing Course in March 2005. The idea originated from LTC Slobodan Jazeravic, 44th MEDCOM Deputy Commander for Clinical Services, after noticing the increased demand placed on the already critically short anesthesia staff. Anesthesia providers were frequently required to accompany the most critically ill trauma patients throughout theater to a higher level of care. In previous stages of Operation Iraqi Freedom, anesthesia providers could perform this duty without difficulty. However, return flights would often fall at the mercy of the space availability system leaving the CSH short anesthesia providers for days at a time.

This situation inspired LTC Jazeravic to seek an innovative solution to address this unanticipated new challenge. A 3-day Flight Nursing Course was hosted in Tikrit where, upon completion, the nurses would acquire the skills necessary to provide care during patient transport. The primary instructors for this course were from the Air Force.

At the direction of COL Olga Rodriguez, Chief Nurse of 228th CSH, an additional course was organized for nurses assigned to the 228th CSH in Mosul. This course extended the pool of flight nurses in Mosul to 11 as only 5 were able to attend the Tikrit conference. (The 228th CSH has split operations providing medical care in both Tikrit and Mosul, Iraq.) Instructors and coordinators for this course were from the Army and included: Trauma Nurse Coordinators MAJ Paula Coughlin and CPT Laureen Otto, 44th MEDCOM; from the 228th CSH- Mosul, LTC Randy McDonald, Chief of Anesthesia, CPT Tracy Ostrom, OIC, Nursing Education, SSG Dana Jackson, NCOIC, Respiratory Therapy; and Flight Medic Sergeants James Phipps, Matthew Miller and Keith Dawson from the 1159th Medical Company (AA).

The course consisted of three days of intensive didactic instruction and hands on training based on the rigors of the aero-medical environment. Lectures included flight physiology, airway and ventilator management, conscious sedation, aircraft safety, and patient loading/unloading. This training was designed to challenge the nurses' critical thinking and clinical skills as well as familiarize them with problems that arise during medical evacuation (MEDEVAC) flights. Some of these demands include sensory deprivation due to increased noise, aircraft vibrations, and night operations - all under the duress of a combat environment. Additionally, all flight nurses were required to complete a preceptorship with the anesthesia staff where they successfully performed several intubations under the provider's direct supervision. This skill is necessary in the event a patient's endotracheal tube becomes dislodged during flight.

Eleven highly-motivated intensive care unit (ICU) and emergency room (ER) nurses with several years of critical care experience and Advanced Cardiac Life Support (ACLS) certification were selected to attend one of the courses and received Flight Nurse Course Completion Certificates. Seven of the eleven flight nurses have already accompanied seriously ill patients on MEDEVAC flights. This has allowed anesthesia providers to remain at the CSH performing their duties in the operating room. Future Flight Nursing Courses will be held throughout the year to allow additional nurses to be trained.

Many thanks to all of the instructors who contributed their time and effort to making this course a success. Our deepest gratitude goes to the Certified Flight Medics of the 1159th Air Ambulance Company who without their expertise, guidance and patience, this course would have never left the ground.



CPT Tracy Ostrom providing in-flight care to a critically ill patient during MEDEVAC to a higher level of care.



Front row (left to right): SGT James Phipps (instructor), CPT Tracy Ostrom, CPT John Vining, and 1LT Margaret Isreal. Back row (left to right): 1LT Eddy Nall, 1LT Chad Lester, SSG Dana Jackson (instructor), 1LT Garry Tatum, and CPT Ross West.

News from USAREC

Recruiting for the Future : The Selection Board for the AMEDD Enlisted Commissioning Program convenes 16-19 August 2005. The application deadline is 26 July 2005. This program provides eligible soldiers the means to obtain a Bachelor of Science Degree in Nursing (BSN), become a Registered Nurse (RN), and be commissioned in the Army Nurse Corps (ANC). For more information, log onto: www.usarec.army.mil/aecp/ or contact SFC Charles Bradshaw, the AEC Program Manager at (502) 626-0381. Mentor a soldier and encourage them to apply for this worthy educational program!

News from the AMEDD Center & School

<p>Junior officers now complete TNCC Certification at OBC Nurse Track By Major Cheryl Brown, OBC & CCC Nurse Liaison, AMEDD C & S</p>

Forty-seven OBC Army Nurses obtained TNCC provider certification by University Health Systems Hospital, San Antonio, Texas after completing a 2 day course on 14 & 15 May 2005.

Based on lessons learned and our contemporary operating environment the Department of Nursing Science, in collaboration with University Health Systems Hospital, has incorporated TNCC into the OBC Nurse Track. TNCC provides 20 hours of core-level knowledge, critical thinking skills, and builds a firm foundation in order to stabilize trauma patients during war and peacetime operations.

Susan Douglas, RN, MSN, CEN and TNCC Director at University Hospital, San Antonio, Texas, passionately expressed that she and her staff are, "very honored to teach Army Nurses" and that they felt they were contributing to the war effort. The first TNCC was scheduled over a weekend due to the demanding requirements of OBC. Nevertheless, Ms. Douglas's gift of humor and clear instruction kept students actively engaged, which made for an interesting weekend.

In November 2005, the Army Nurse Professional Development Branch in conjunction with the San Antonio University Hospital will train more than 140 new Army Nurses in TNCC, making it the largest group in ENA history to be certified at one time. According to Ms. Douglas, there has been an overwhelming response by TNCC instructors in the community who want to participate in this historic event. Certifying new Army Nurses in TNCC over Veterans Day adds special significance to the importance of Army Nursing.

News from the Reserve Component

<p>AOC Mismatch by COL Carol Swanson, Deputy Chief, Army Nurse Corps, USAR</p>

Reserve Nurses and what we have affectionately been calling "AOC mismatch" are high on the priority list for Active and Reserve Component Army Nurse leaders. There are a variety of reasons for the "mismatch" between the electronic AOC and what is reality. In some cases, the data field has not been updated. In others, the Army Reserve nurse has moved on to another specialty and not updated the AOC. The problem is that the nurse is "mobilized" as a 66H or a 66H8A or other specialty and hits the MTF as an NP or unqualified in that specialty. Backfill replacements for the MTF are limited to one replacement for every two losses, so every replacement is valuable. It is truly an individual responsibility as well as the responsibility of the administrator and Chief Nurse in the unit of assignment to get the record straight. So what does one do when a "mismatch" comes to your attention? *The Army Reserve Nurse* needs to review how they are listed electronically and if there is a mismatch, correct it with the unit administrator or go to the HRC web site and complete the paperwork for AOC change. Qualification information for nursing specialties is at <https://www.hrc.army.mil/site/reserve/soldierservices/guidance/aocdef.htm>. The AOC change process link is: <https://www.hrc.army.mil/site/reserve/soldierservices/guidance/aocfaq.htm>. The form, ARPC 4113 is at <https://www.hrc.army.mil/site/reserve/download/forms/arp4113.dot>. *The Unit Chief Nurse* needs to review the AOC of each assigned nurse and validate the competency for the AOC now. FOR IMA nurses the MTF Chief Nurse can validate

competency when they are at the facility for Annual Training (AT). When an AOC change is indicated, the MTF or unit chief nurse needs to require that nurse to update the AOC within the month using the HRC web site info above. Phone or e-mail me if you have any questions: COL Carol Swanson, carol.swanson@us.army.mil 210-221-7309

Research Spotlight

Facilitating Timely Care Seeking in Women with Vaginitis by LTC Petra Goodman, DDEAMC

Barriers to the utilization of research findings in clinical practice are numerous. A common one is that findings are not presented in terms of application and that practitioners do not know how to apply research findings. The following research study identifies how the results of a study led to interventions that could easily be implemented in a clinical setting by nurse practitioners taking care of women with vaginitis.

As a nurse practitioner, I observed that despite the prevalence and severe consequences associated with vaginitis, military women failed to seek timely and appropriate professional care. My observations were supported by literature that indicated that women do not seek care for a variety of reasons such as erroneous self-diagnosis of symptoms and that interventions such as patient education and availability of phone consultation have been unsuccessful in significantly improving timely and appropriate professional care seeking.

Therefore, I sought to identify other factors that may be contributing to the delay in seeking professional care. Once again, the literature indicated that an overlooked factor may be the decision-making process people use for symptom management. A person's evaluation of symptoms and options for symptom management may directly affect his/her decision to seek professional care. However, I did not find research examining the role of decision-making in the care seeking experiences of women with vaginitis. Therefore, I developed and tested a Model of Care Seeking, which proposes that management of vaginal symptoms is influenced by decisions about the symptoms and symptom management. The finding of a good model fit supported the proposition that women's decision-making process about symptoms and symptom management plays a significant role in seeking professional care for management of vaginitis.

Results highlighted numerous interventions that nurse practitioners could use. The significant relationship between symptoms and appraisal of symptoms suggested that symptoms are evaluated based on women's decisions about the significance and meaning of the symptoms. Therefore, practitioners need to assess the significance and meaning of women's symptoms to acquire critical information on how important the woman thinks the symptoms are to her well-being and what the experience represents. Some questions that practitioners could ask are, "What do you think caused the symptoms? What do you think the symptoms represent? How do you feel about the symptoms?" If the answers to these questions indicate that the woman believes the symptoms represent entities such as uncleanliness, a partner's infidelity, or a sexually transmitted disease, the practitioner can collect specific information about reasons for the woman's beliefs. The practitioner can then confirm accurate information and correct any misconceptions. The findings indicated that a woman's appraisal of her symptoms affected what she did to manage the symptoms. Practitioners need to assess what women are doing to manage the symptoms as well as how their symptom appraisal contributed to their management strategy. The practitioner needs to consider potential psychological strategies such as denial, minimization, or passive waiting and behavioral strategies such as self-care and alternative treatment. This assessment is particularly important since the literature reports that 42% to 96% of women with vaginitis use complementary treatment (douches, boric acid, tea tree oil and garlic) unsupported by evidence of efficacy. To assess how symptoms appraisal contributed to the choice of a management strategy, practitioners need to inquire how women decided to implement specific treatment measures. For example, "Why did you decide to douche to try to get rid of your symptoms? If the woman claims that she used douching based on a belief that the symptoms were due to poor hygiene, the practitioner can clarify the relationship between personal hygiene and vaginal symptoms and inform the woman that douching is not a routine recommended measure for management of symptoms.

Although brief, hopefully, the presentation of this study promoted an understanding of how research findings can be transitioned to the clinical setting and bridge the gap between the researcher and the clinician.

Second Notice! New PhD Program at Duke University

Our website is activated: http://www.nursing.duke.edu/page/phd_main . If you have not reviewed our site, please take this opportunity to do so. Applications will be accepted on-line by the Duke University Graduate School. <http://www.gradschool.duke.edu/> for the Fall 2006 class beginning in August 2005. All materials must be received by December 31 and those received by December 1 will pay a discounted application fee. Admissions occur in fall semester only. Information sessions will be held: May 16, 2005 at 5:00 pm. and August 22, 2005 at 5:00 pm POC: Marti Doyle, Coordinator of PhD Program Development, Duke University School of Nursing, DUMC Box 3322, Durham, NC 27710, 919.681.3871

USUHS Medical Executive Skills Training Course

“Critical Decision Making for Medical Executives: Keys to Improving Health Care Delivery” is an advanced-level course offered by USUHS to educate military health care professionals in the tools and methods needed to continuously improve high-quality health care systems. The course supports the Congressional mandate that health care leaders receive training in health care management. With the establishment of the National Quality Management Program, medical executives are accountable for clinical effectiveness and efficiency in the use of health care resources at their facilities. This course focuses on improvement in the quality and cost efficiency of clinical practice and population health outcomes through evidence-based decision making.

The course provides an overview of current approaches to the assessment and improvement of health care delivery in the DoD and civilian managed care environments. Emphasis is placed on the analytic methodologies that support decision-making by medical executives, and the evaluation of processes that improve health status of the patient and minimize resource costs.

The course, delivered approximately five times a year to 4 CONUS multi-service markets and 1 OCONUS market, consists of a combination of pre-course distance learning modules, in-class lectures and discussions, web-based tools workshop, and small group case study exercises. A pre-course survey and assessment of participants is conducted via distance learning. On the final day of the course, the afternoon session involves a scenario-based training exercise integrating the methodologies covered during the week and a post-test evaluation. This group workshops and exercises give participants the opportunity to reflect on current issues and problems encountered by medical executives, integrate what they have learned from the course and to exchange ideas. Who should attend? If you are an O4/O5/O6 and are a leader in the Military Health System, this course is for you. Please logon to: <http://medxellence.usuhs.mil/nominations.asp> to submit a nomination. For more information, visit us on the web at: <http://medxellence.usuhs.mil> Nominees are accepted 90 days before each course. Upcoming Courses: .6-10 June 2005 Holiday Inn Select Bethesda, MD .1-5 August 2005 Shades of Green Resort Orlando, FL .24-28 October 2005 Keystone Resort Keystone, CO

News from the Consultants

Medical Surgical Update by LTC Barbara Gilbert

The Academy of Medical-Surgical Nurses (AMSN) will hold its 14th Annual Convention 22 to 25 September 2005 at the Hyatt Regency in New Orleans. The theme is "The Many Faces of Medical-Surgical Nursing." The optional two-day pre-convention workshop on the 21st and 22nd is a Medical-Surgical Overview and Certification Review Course. The convention, beginning the afternoon of the 22nd through the morning of the 25th, offers a variety of concurrent sessions, with exciting and relevant topics such as atrial fibrillation, delirium - guidelines for assessment and evidenced based practice, sleep apnea, oral chemotherapy, and insulin resistance and the metabolic syndrome. The Certified Medical-Surgical Registered Nurse (CMSRN) Exam will be offered on-site on the 26th. Please link to www.medsurgnurse.org for more information. I hope to go, and I hope to see some of you there!

Call for Posters

FEDERAL NURSING POSTER SESSION



Call for Posters

“AMSUS 2005: Joint Interoperability”

The Federal Nursing Section Poster Session is sponsored by the Federal Nursing Service Chiefs and is dedicated to sharing professional nursing knowledge and improving the delivery of health care services. Registered nurses in the federal services and the American Red Cross are invited to submit a poster abstract for the Federal Nursing Section Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, October 30 through November 3. The poster session will be held Monday evening, 31 October 2005. The theme of the meeting is “AMSUS: Joint Interoperability”.

ABSTRACT SUBMISSION DEADLINE: 1 July 2005

This program runs concurrently with the Karen Rieder Nursing Research Poster Session. Research is not required.

Below are some examples of topics which relate to the theme of the 2005 conference.

Joint Medical Training
Innovative Clinical Practice Issues
Joint Operational Exercises
Joint Service Initiatives

Health Promotion
Medical Readiness
Pre-Deployment Issues
Post Deployment Issues

Rehabilitation/Combat Casualties
Treatment of PTSD
Family/Community Re-Integration
Multidisciplinary Approach to Care

Requirements

- *The principal poster presenter must be a registered nurse in the federal service **or** the American Red Cross.
- * Posters must fit on a three by six feet bulletin board. Tables will not be provided.
- * Abstracts must be limited to two typed (12 font) pages. Abstracts longer than two pages will not be considered.
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors.
- * Submit an original abstract in hard copy (NOT FAXED) or as an e-mail attachment in MS Word.
- * Abstracts (hard copy or e-mail) must be received by **1 July 2005**.
- * Abstracts must address the following: (1) The aims and objectives of the poster (2) the findings and/or implications for nursing.

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by Federal Nursing Section representatives from each service.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * Unless otherwise specified, the principal presenter on the abstract will be expected to present at the session.

****IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS****

Please submit an original abstract in hard copy or as e-mail attachment in MS Word to: CAPT Tina Joy, at CJoy@us.med.navy.mil, 202-762-3042, Office of the Director, Navy Nurse Corps, Bureau of Medicine and Surgery, 23 E. Street NW, Washington DC, 20372-5300.

Notification of acceptance and further instructions will be sent no later than 29 July 2005.

**Association of Military Surgeons of the United States (AMSUS)
2005 Annual Awards Program - Two Nursing Awards**

So many individuals do outstanding work in their fields, yet are never recognized publicly for that work. This is your opportunity to see that recognition is given. **The Clinical Nursing Excellence Award** was established in 1989, to recognize and honor accomplishments and work performance in clinical nursing. Any professional nurse whose current active duty assignment is in clinical practice in the Federal Nursing Services is eligible to compete. (No person is eligible for a second award.) All nominees must be AMSUS members or eligible for membership. A plaque and monetary award are presented.

Required information:

1. Cover letter explaining why you feel the individual deserves the award.
2. A curriculum vitae for the individual nominated.
3. A listing of the individual's publications, awards, honors, and other professional accomplishments.
4. A short, one-line citation suitable for use on a plaque or scroll.
5. Any supporting letters from other individuals.

The recipient should be one who:

1. Evidences resourcefulness and dedication in helping to accomplish the mission of the Federal Health Agency;
2. Demonstrates professional and technical skills and competence raising the quality of nursing;
3. Shows evidence of exceptional ability to apply nursing standards of practice;
4. Remains involved in continuing education as a participant, organizer or sponsor;
5. Is of such excellence as to merit AMSUS recognition.

Remember, individuals on the award committee probably do not know anything about the person being nominated. The only way they can make a decision is by reading the material you send.

Send one original and six copies of the entire nomination package. The packet must include the full name and address of the nominated individual and the individual nominating. No facsimile submissions will be reviewed.

The Federal Nursing Services Essay Award is an essay award submission sent directly by the author. This award is presented to a professional nurse from the Federal Nursing Services who has submitted an essay on the results of a study or a scholarly paper that would have an impact on nursing.

Subject material may pertain to:

1. A report of a collaborative study;
2. Testing models;
3. Changing or improvements of nursing standards;
4. Implementation and evaluation of quality assurance programs; replicating studies;
5. Client and staff education and/or evaluation of continuing education.

The essay must be an original work, have not been published previously, and not be in the process of being considered for publication elsewhere. If it is a research study, the work must have been undertaken within the past five (5) years. All nominees must be AMSUS members or eligible for membership. A plaque and monetary award will be presented. The original manuscript and ten (10) copies are requested for review. Nominees will be required to submit materials for continuing

education credit, including behavioral objectives suitable for presentation and curriculum vitae. Upon receipt of the essay submission, AMSUS will forward the appropriate material.

Deadline for both awards: 30 June 2005 (postmarked)

Deliver to: AMSUS Awards, 9320 Old Georgetown Road, Bethesda, MD 20814

Award winners will be notified by mid-August and invited to attend the Association's Annual Dinner on 3 November 2005 in Nashville, TN.

**SEVENTEENTH ANNUAL
KAREN A. RIEDER NURSING RESEARCH POSTER SESSION
CALL FOR ABSTRACTS**

The Karen A. Rieder Nursing Research Poster Session is sponsored by the Navy Nurse Corps and is dedicated to sharing professional nursing research findings. Registered nurses in the federal services and the American Red Cross are invited to submit abstracts for the Sixteenth Annual Karen A. Rieder Nursing Research Poster Session to be held during the 111th Annual Meeting of the Association of Military Surgeons of the United States (AMSUS) in Nashville, Tennessee, 30 October - 03 November 2005. The poster session will be held Monday evening, 31 October 2005. The overall theme for this year's AMSUS meeting is "Joint Interoperability".

Requirements

- * The principal investigator must be a registered nurse in the federal service or the American Red Cross.
- * The research must have been initiated and/or completed within the past five years.
- * Abstracts must be limited to two typed pages. Abstracts longer than two pages will not be considered.
- * Studies involving human subjects or animals may be required to have an Institutional Review Board (IRB) Approval number. Funding sources should be noted on the abstract and poster (i.e. TSNRP, ANF, SST).
- * Abstracts must include names, addresses, phone numbers, and e-mail addresses of all authors/investigators.
- * Posters must fit on a bulletin board, approximately three feet by six feet (which will be provided for your use).
- * Tables will not be provided.
- * **Submit an original abstract as an E-mail attachment in MS Word.** (Faxed abstracts will not be accepted.)
- * Abstracts must be received by the deadline: **01 July 2005.**
- * Abstracts must address the following:
 - Aims/objectives of the study, including hypotheses or research questions
 - Theoretical framework (if applicable)
 - Research design, methods, and statistical analysis
 - Study findings and implications for nursing

Selection of Abstracts for Presentation

- * Abstracts will be reviewed and selected by a committee of Nurse Researchers.
- * The selection committee will consider diversity of topics and exhibition space in making selections.
- * All accepted abstracts will be reproduced in a "book of abstracts".
- * At least one of the study authors must be present at the session, Monday, 31 October 2005.

Please submit an original abstract as an E-mail attachment (MS Word) to:

Patricia Kelley, DNSc.
CDR, NC, USN
Executive Director, TSNRP
4301 Jones Bridge Road
Bethesda, Maryland. 20814 Email: pakelley@usuhs.mil

For further information please contact:

CDR Patricia Kelley NC, USN
Phone: 301-295-7077
Email: pakelley@usuhs.mil

CAPT Civita Allard NC, USNR
Phone: 315-792-5529
Email: callard98@hotmail.com

Notification of acceptance and further instructions will be sent no later than 29 July 2005

****IF SELECTED, PRESENTERS MUST MAKE THEIR OWN FUNDING ARRANGEMENTS****

News from Human Resource Command

From the Desk of the ANC Branch Chief

June marks the beginning of the summer (05) rotations as assignments and RFOs materialize into the reality of actual moves for many of you. Even though the optempo under GWOT requires some of us to move throughout the year, a majority of our Corps still moves during the summer rotation cycle. This supports many of our Corps who are married with children and ensures families can move together. That being said, I think it is important that all of our Corps understand the assignment philosophy embraced by Human Resource Command and being implemented throughout an Army at war as we prosecute the Global War on Terrorism (GWOT). We move (PCS) officers to authorized positions based on the needs of the Army and the priority is utilization of your specific skills and experience in open authorizations. You might think and say "we've always done it like that." Actually, until the advent of GWOT, the criteria for moving personnel weighed heavily in terms of individual officer needs (EFMP, compassionate, joint domicile, individual preference and high school stabilization). For the most part, career opportunities and skill utilization was considered within the context of individual officer needs. That paradigm has changed because the environment of GWOT requires us all to serve with an unwavering focus on the mission of our Army at war. Today's paradigm is one that gives priority to career opportunities and utilization of skills and experience as the first two reasons for PCS and individual officers needs now slips to number three in the criteria for PCS. Does this mean we DON'T integrate individual officer needs? Absolutely not. Truth be told, the majority of time we are able to coordinate joint domicile, high school stabilization, EFMP and other specific "quality of life" needs. But the reality of today's service in the Army will see many officers being asked to serve in assignments that do not meet geographical desires nor meet all of their individual officer needs. Clearly, as Army officers and professional nurses in our Army at war, we serve to meet the needs of the mission of GWOT and the GWOT road map, in the words of our leadership, is a long term road map focused on the demise of terrorism. We at Army Nurse Corps Branch will continue to aggressively work individually with our officers to manage their careers for optimal professional growth and service as well as resource our commanders for their organizational needs within the constraints of the personnel resources available to us. As summer gets underway, all of us here at Branch trust you will avail yourself of some much deserved time of rest and relaxation with your friends and family. Thanks for all you do for our Army at war, our AMEDD and our Army Nurse Corps.

Roy A. Harris
COL, AN
C, ANC Branch

What is the job description for a USAREC Healthcare Recruiter or Brigade ROTC Nurse Counselor position?

The **Brigade ROTC Nurse Counselor** position is a staff officer position (66N) and he/she serves as the principle advisor to the Brigade Commander on ROTC nursing programs and health care issues. The officer is responsible for planning, coordinating, and directing ROTC nurse recruiting and retention activities and he/she is also the liaison with Battalion Recruiting and Operations officers, JROTC, and US Army Recruiting Command personnel.

The **USAREC Health Care Recruiter** is a staff officer position and he/she is responsible for actively recruiting Active duty and Reserve Nurses for the Army medical Department. This officer is directly responsible for planning, prospecting, selling, and processing, and sustaining activities in order to meet assigned regional recruiting mission, which will consist of colleges and health care facilities. He/she also serves as the liaison for region Army National guard, ROTC and non-AMEDD Armed forces recruiters.

How does an officer get selected or assigned to one of these positions?

Annually each summer Army Nurse Corps Branch convenes a board to identify officers for the next summer's ROTC and USAREC vacancies. Once the officers are identified, the Chief Nurse ROTC and USAREC will determine which officer will fill available vacancies.

All officers that are selected must have the following:

- 1LT (P) or CPT rank, able to start phase 1 Captain's Career Course (OAC)
- telephone call or email to AN Branch stating that he/she wants to be considered for one of the positions
- DCN endorsement (email preferred)
- possess the military bearing and professionalism, meets AR 600-9 and APFT
- competitive record
- meets time on station requirements at time of PCS (24 months CONUS or 36 months OCONUS)

The board packets consist of:

- Updated Board ORB
- DA Photo
- All evaluations; these will include the 2LT and 1LT OERs
- Existing documentation for military awards and medals

- Existing documentation for military education courses
- transcripts

We would like to welcome Ms. Cynthia Smith and Mr. Kevin Smith to the HRC staff. They both bring a wealth of experience and expertise that will greatly benefit our Corps. Ms. Smith transferred to us from the AMEDD C&S and will fill the Education Technician role and Mr. Kevin Smith transitioned from active duty to our staff and will act as our Accessions Technician.

If you have a question that you would like to have answered and published in the Ask Branch column please forward inquiries to MAJ LaShanda Cobbs at lashanda.cobbs@hoffman.army.mil.

Updated course dates:

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	BAMC	13 FEB 05	14 FEB 05	20 MAY 05	3 SEP 04
		12 JUN 05	13 JUN 05	20 SEP 05	9 JAN 05
		06 NOV 05	07 NOV 05	03 MAR 06	06 JUN 05
		09 APR 06	10 APR 06	20 JUL 06	07 NOV 05
		13 AUG 06	14 AUG 06	23 NOV 06	13 MAR 06
	MAMC	12 JUN 05	13 JUN 05	20 SEP 05	9 JAN 05
		27 NOV 05	28 NOV 05	21 MAR 06	06 JUN 05
		23 APR 06	24 APR 06	03 AUG 06	07 NOV 05
		27 AUG 06	28 AUG 06	06 DEC 06	13 MAR 06
	WRAMC	12 JUN 05	13 JUN 05	20 SEP 05	9 JAN 05

		08 JAN 06	09 JAN 06	18 APR 06	06 JUN 05
		14 MAY 06	15 MAY 06	24 AUG 06	07 NOV 05
		10 SEP 06	11 SEP 06	19 DEC 06	13 MAR 06
Emergency Nursing	BAMC	12 JUN 05	13 JUN 05	20 SEP 05	9 JAN 05
		06 NOV 05	07 NOV 05	03 MAR 06	06 JUN 05
		09 APR 06	10 APR 06	18 JUL 06	07 NOV 05
		13 AUG 06	14 AUG 06	22 NOV 06	13 MAR 06
Psychiatric Nursing	WRAMC	13 FEB 05	14 FEB 05	14 JUN 05	3 SEP 04
	WRAMC	14 AUG 05	15 AUG 05	09 DEC 05	01 JUN 05
		05 MAR 06	06 MAR 06	26 JUN 06	17 JAN 06
		13 AUG 06	14 AUG 06	08 DEC 06	
OB/GYN Nursing	TAMC	26 JUN 05	27 JUN 05	19 OCT 05	3 FEB 05
		30 OCT 05	31 OCT 05	8 MAR 06	1 AUG 05
		19 MAR 06	20 MAR 06	11 JUL 06	12 DEC 05
		23 JUL 06	24 JUL 06	15 NOV 06	24 APR 06
Perioperative Nursing	MAMC	02 OCT 05	03 OCT 05	24 JAN 06	17 DEC 04
		19 FEB 06	20 FEB 06	26 MAY 06	
		18 JUN 06	15 MAY 06	08 SEP 06	
	WBAMC	15 JAN 06	16 JAN 06	25 APR 06	
		07 MAY 06	08 MAY 06	30 AUG 06	
		10 SEP 06	11 SEP 06	12 JAN 07	
	BAMC	08 JAN 06	09 JAN 06	02 MAY 06	
		04 JUN 06	05 JUN 06	13 SEP 06	

		24 SEP 06	25 SEP 06	29 JAN 07	
Principles of Military Preventive Medicine Course for Community Health Nursing AOC	AMEDD C&S	20 FEB 05 8 MAY 05 10 SEP 05 20 FEB 06 29 MAY 06 17 SEP 06	21 FEB 05 9 MAY 05 11 SEP 05 21 FEB 06 30 MAY 06 18 SEP 06	22 APR 05 12 JUL 05 11 NOV 05 21 APR 06 1 AUG 06 21 NOV 06	3 SEP 04 1 FEB 05 6 JUN 05 21 NOV 05 1 FEB 06 1 JUN 06
Head Nurse Leadership Development Course	San Antonio	05 JUN 05 07 AUG 05 16 OCT 05 22 JAN 06 02 APR 06 04 JUN 06 06 AUG 06	06 JUN 05 08 AUG 05 17 OCT 05 23 JAN 06 03 APR 06 05 JUN 06 07 AUG 06	17 JUN 05 19 AUG 05 28 OCT 05 03 FEB 06 14 APR 06 16 JUN 06 18 AUG 06	
Advanced Nurse Leadership Course Phase II	Digital Training Facility	19 SEP 05 26 FEB 06 30 APR 06 17 SEP 06	19 SEP 05 27 FEB 06 01 MAY 06 18 SEP 06	23 SEP 05 03 MAR 06 05 MAY 06 22 SEP 06	
Sexually Transmitted Diseases Course (prerequisite for CHN course above)	AMEDD C&S	12 FEB 05 1 MAY 05 5 SEP 05 12 FEB 06	13 FEB 05 2 MAY 05 6 SEP 05 13 FEB 06	18 FEB 05 6 MAY 05 9 SEP 05 17 FEB 06	3 SEP 04 1 FEB 05 6 JUN 05 21 NOV 05

Office of the Chief, Army Nurse Corps	
<p>Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p>Washington, DC Office LTC Karen Whitman, AN Staff Officer mailto:Karen.Whitman@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
<p>ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>	<p>AN Website: http://armynursecorps.amedd.army.mil/</p>